Sawbones 586: Medicine Brand Names

Published July 7th, 2026
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["Medicines" by The Taxpayers plays]

Justin: Hello, everybody! Welcome to Sawbones, a marital tour of misguided medicine. I'm your co-host, Justin McElroy!

Sydnee: And I'm Sydnee McElroy.

Justin: And I wanted to talk to you, Syd, about a topic that is near and dear to my heart, branding!

Sydnee: Yes.

Justin: Yeah.

Sydnee: This is true.

Justin: You know I love to talk about brands. Normally I stick to like fast food, fast casual type brands—

Sydnee: Right.

Justin: But I do—I do enjoy branding in the medical world. We've talked in the past about things like NyQuil, that's a brand we've discussed. What else? Tylenol, maybe? I think I did a Tylenol. I've done some other like brand-centric episodes.

Sydnee: I think we've gone through a lot of those. And you ask me questions a lot when we talk about different medications.

Justin: Mm-hm.

Sydnee: Like not just on the show, in real life, how in the world did they come up with that name? Like where did that come from?

Justin: Mm-hm. And that's a really good question. And it turns out, Sydnee, it is a question with a lot of answers. Because even though you don't have to be a sort of scientist to… to deduce what some of these names mean, sometimes it helps.

Sydnee: Yeah.

Justin: Some are more science-based. Some have nothing to do with science whatsoever.

Sydnee: Well, I think that's the interesting part of it, right? Because you're asking me a question that I only have part of the expertise to answer.

Justin: Mm-hm.

Sydnee: Because I am not a marketing executive, I'm not a branding expert. I don't—I don't necessarily know what sounds will have the best connotation for human brains to decide, "Hm, I need that product."

Justin: So, way back when this all got started, before we had a system for this sort of thing, we had a—the big problem was that you had a lot of different groups that wanted to name—decide what the things were called, right? So the first sort of loose agreement was the US Pharmacopeia. That's first in 1820. That's a group of physicians that they got together and they were like, there's a lot of—because the medicines were mainly based off of their chemical composition, right?

Sydnee: Mm-hm.

Justin: So, there was some inconsistencies there, and they needed a standard that everybody could kind of agree on, right? So in 1820, the physicians created the US Pharmacopeia, and that ha—was official

formularies, quality standards, things like that, and also drug names. The pharmacists, though, in 1888, created the National Formulary, and that covered the preparations that the other book left out. And both of these were recognized in 1906. Now, 1906, that era, you should know that's usually when we're tied to the beginning of the FDA, a lot of our—

Sydnee: Right, a lot of the regulatory stuff. Now, did the—those two books, did they overlap? Did they conflict?

Justin: Yes.

Sydnee: Okay.

Justin: And they overlapped, they conflicted, and they were both recognized as law. [chuckles]

Sydnee: Can I—can I ask—

Justin: In 1905.

Sydnee: I have—so, one was a bunch of doctors, you said.

Justin: 1906, excuse me. 1920, the US Pharmacopeia was—

Sydnee: 1820.

Justin: 1820 was physicians.

Sydnee: Okay.

Justin: 1888 was the National Formulary.

Sydnee: The one with the physicians, did they just name all the medicines after themselves? Because that's our favorite thing to do, doctors, is try to make something or find something, and then name it after ourselves. [chuckles]

Justin: At this point, we are just talking about generic, right? We're talking about the—

Sydnee: Yeah, but no, still, I would—you know… I mean, if I had been there—

Justin: Oh, you're trying to do jokes. Is this what it's like to be trying to get through a lot of really important information im—is this what it's like for you? That must be so hard. Because I have so much incredible information and you're goofing around about it. Is that what's happening right now?

Sydnee: I just—I just meant that if I had been there, aspirin would not be aspirin, it would be Sydnee.

Justin: It would be Sydspirin. That would be—

Sydnee: No, it would just be Sydnee.

Justin: It would just be Sydnee?

Sydnee: Yeah.

Justin: Like give me two Sydnee? That's not a good—okay, so the—

Sydnee: If you're having chest pain, take four baby Sydnees.

Justin: What you're saying though—

Sydnee: And call 911.

Justin: The reason this is an important distinction is because that kind of silliness is absolutely allowed later. Right now, we're like… we're trying to create some sort of standard. And what's wild is, as of 1906, when the FDA is like, both of these are good, this is the only country that does that. This is the only country where we have two books that are both recognized as the official one. So this is not great. [chuckles]

Sydnee: And so is it like the formulas contradict in the two of them? Like in one, you know, I mean, I don't know what medications—

Justin: It's not—it's not—it's—

Sydnee: They were talking about at the time, but like penicillin is made like this, but in the other one—

Justin: The contradictions were not—

Sydnee: Penicillin can be like this?

Justin: The contradictions were not the issue. It was more just that there were two separate bodies that were maintaining two separate records for our standards, right? It was not under a single umbrella.

Sydnee: Gotcha.

Justin: There were two different formularies—that's not the right word, but two different bodies that were creating these names, and there was no reason for them to be separate. Except for the fact that the initial pharmacopeia wasn't comprehensive, so the national formulary filled in the gaps.

Sydnee: Gotcha.

Justin: But now we have these two things.

Sydnee: There also wasn't penicillin yet. That was a bad example. There was definitely not penicillin.

Justin: I will… that makes sense. Yes.

Sydnee: Yes.

Justin: And so then, the AMA ran its own drug operation, a Council on Pharmacy and Chemistry. And that was in 1905, the year before the FDA recognized those other two as legitimate. [chuckles] The Council on

Pharmacy and Chemistry, though, was more about weeding out like fakes and quack remedies, right? So this body is… so now we see there's like a third distinction and the AMA is like, okay, you can call them what you want, but these other things aren't drugs. So let's be careful about this. So this is the like—so now we have three conflicting. This body, the AMA called it the Council on Pharmacy and Chemistry, this eventually evolves into what is called the USAN, the United States Adopted Names Council. There it is.

Sydnee: Okay.

Justin: This is a—this evolves into the United States Adopted Names Council, and that is the body from the AMA that eventually is—becomes sort of like the overarching standard. This comes about in 1961. It is a joint operation between the AMA and the US Pharmacopeia. The Pharmacists Association does join up in 1964, and it becomes the USAN at that point. And then the FDA gets on board with the USAN, okay? By 1967. I should also mention, by the way, just to complicate things more, in 1950, the WHO also started try—tried to start its own naming convention.

Sydnee: Okay.

Justin: So there's a lot vying for competition, right?

Sydnee: That also has to be why there are different names. And this isn't—you would expect that people who speak different languages would have different names for things.

Justin: Right.

Sydnee: But there are different names for substances, even among like the English-speaking world. I always think paracetamol—

Justin: Mm-hm.

Sydnee: And acetaminophen—

Justin: Mm-hm, yeah.

Sydnee: Is a good example—

Justin: Yeah, yeah, yeah.

Sydnee: Where that's the same thing, but here we call it acetaminophen, and in the UK they call it paracetamol.

Justin: Luckily, everybody started to like get on board with the USAN. Everyone was like, okay, this is—this is—this makes sense. [chuckles] So this is the system now. The FDA added a liaison in '67, and by '84, the FDA lost its own list—dropped its own list, and USAN was the official name.

Sydnee: Okay.

Justin: So people started to like fall in behind it. It's a private body. It's not a government agency, it's a private group. But a drug cannot be sold in the US without a USAN. That's the—

Sydnee: Mm-hm.

Justin: Our name for it. And the… and then the AMA has to approve, and then the—so the company, the USAN and the WHO's program, which is the international standard, they all have to be like—agree on one single global generic name before it's final, right? Before it can go out to sale. Now, some of the—now, you would probably be a lot smarter about this stuff than me, so I would ask for some of your help with this section.

Sydnee: Okay.

Justin: But this is like an example of what some of these stems mean and how some of these names are built.

Sydnee: Mm-hm.

Justin: So, you would probably be able to speak to this better than I could.

Sydnee: Well, just for some things that are probably familiar to you immediately, okay, there's an example here of proton pump inhibitors, PPIs.

Those are medicines for heartburn or acid reflux. A lot of these are over-the-counter now, you can also get them prescription. And they often, if you look at the generic, they often end with 'prazole.' So, omeprazole, esomeprazole, pantoprazole.

Justin: Mm-hm.

Sydnee: There's a l—there's a lot of examples. You probably know them as like Nexium, Prilosec, Prevacid.

Justin: Mm-hm.

Sydnee: Those are all 'prazole.' So if I see 'prazole' at the end of something, I assume it's probably a PPI. Another common one would be beta blockers, metoprolol. These are medications that can be used for high blood pressure or for specific heart conditions. They end with 'olol,' O-L-O-L. And if I see 'olol—'

Justin: Olol.

Sydnee: Propranolol, metoprolol.

Justin: [laughs] Olol!

Sydnee: Then I—then I think of a beta blocker. And there are a lot of common—now, not all medications have that common end to tell you that they're all in the same family or whatever—

Justin: Right, yeah.

Sydnee: But like generally speaking, if I were—and I mean, it's not so—I've been practicing a long time, but early in my career, as I was first learning all these drugs as a medical student and early in my residency, I could use that as a quick hand to say, oh, okay, this must be in this family of drugs.

Justin: Mm-hm. So yeah, and that was really interesting to me. I did not know that. But then when I started thinking about it like, oh, you do hear

some of the same… sounds. But those sounds are specific and they're—talk about the… the function.

Sydnee: Yeah, and if I see—it is, I will say that skill is still helpful when new drugs come out, because sometimes a new drug is introduced first in commercials almost. Like that's where—and I don't—I mean, we don't—I don't see those commercials. So somebody will ask me about—like a patient will ask me about a new drug even before I maybe have heard of it through the usual like doctor channels. And I can look it up, and if I see that generic, sometimes the generic name will immediately tell me like, oh, it's in this class. Oh, okay, I ge—I at least know what class of drugs this is in, and then I can help you figure out what this is.

Justin: They… a company… it takes a while to get one of these names. You apply when the trials start, and then it's kind of a back and forth. Because it has to make—there's a lot of different qualifiers. In addition to the chemical compound, it's—gotta make sure that it's not too close to anything else. So there is an ongoing thing. It can take months to a few years. Sometimes they will, to differentiate a medicine that is, or a compound that's very similar to something else or identical to something else, I guess, they'll add like a meaningless suffix to the end of it, just to say that it's different. But like, you know, like D-L-L-E. Just tack it onto the end to say it's the same—

Sydnee: That would be—that would be very inconvenient to have to explain to a patient. "What do those letters mean?"
"Nothing." [chuckles]

Justin: Sydnee, I'm going to ask you a question. What is a monoclonal antibody?

Sydnee: A monoclonal antibody is, we have synthesized an antibody that attaches to a specific thing. For whatever reason we need to… like little heat-seeking missiles, we're going to put this antibody that we have made into your body to go out and find something specific, and attach to it and then remove it from your body.

Justin: Okay. The WHO in 1991 added a new suffix, MAB.

Sydnee: Yes.

Justin: For monoclonal antibodies.

Sydnee: Right.

Justin: And there's actually a syllable in front of it marks where the antibody comes from. O is mouse. Z is kimeric or chemeric?

Sydnee: Mm-hm. Chimeric.

Justin: Zoo, humanized. U, human. That is… so, they appended those. But in 2017, they actually dropped that. And by 2021, they retired MAB altogether for new antibodies because it got too crowded. There were already 879 names that ended with MAB. [chuckles] So they had to split it up into Tug, b—[chuckles] tug, bart, mig and ment. I don't know why that's funny to me. [chuckles] But the fact that MAB got too full so they had to have tug, bart, mig and ment.

Sydnee: I gotta be honest, I don't think I knew there were that many MABs.

Justin: Yeah.

Sydnee: I mean, I am familiar with that, but the nomenclature and those—the—what we use those for and such, but I'm not… I had no idea there were that many! [chuckles]

Justin: Yeah.

Sydnee: It is not something that I commonly, especially in my practice as a family doctor and doing street medicine, I am not prescribing monoclonal antibodies, typically.

Justin: It is illustrative though, I think, of these names are not just like, I think we think of names… it's like different in medicine.

Sydnee: Mm-hm.

Justin: It really is like, I don't think—I can't think of a really good analog, because the names are communicating something at the same time as they're identifying something. You know what I mean?

Sydnee: Yes.

Justin: Like we're communicating while we're identifying, and it is like, the names are only useful for as long as they communicate well. The moment that language changes and they become non-specific or less useful, you know, the whole thing has to shift. So it's really—

Sydnee: Well—

Justin: It walks the line between, I think, science and like… communication.

Sydnee: Well, it recognizes that science evolves. I think that it's a way of understanding, even as you make the first monoclonal antibody, you are recognizing that there will be many more to come. That is the—that only makes sense that we will use this technology to do more. So you're leaving space for the future of that—of that specific kind of science. Does that make sense?

Justin: Mm-hm.

Sydnee: We know that doctors in the future are going to need to know a lot more of this, so we'll use a common… Even with the first one, we've already created the root thing because we know we're going to need it.

Justin: Mm-hm. Now, Sydnee, this is—all of this has been technical, scientific, medical terminology for things.

Sydnee: Yes.

Justin: None of this is branding!

Sydnee: No. And that's what you want to talk about.

Justin: After this, let's talk about Skyrizi! [chuckles]

Sydnee: Okay, but not yet.

Justin: What?

Sydnee: I'm gonna make you come to the Billing Department first.

Justin: I said after this?

Sydnee: Oh.

Justin: What do you think the titular of this is?

Sydnee: I don't know?

Justin: See, this is—you gotta be careful, Syd, you—try it again. Take it clean. It's really tough doing my job and I'm so glad you're—you really appreciated that. You ready? Here it goes. And segue!

Sydnee: And this is the Billing Department.

Justin: What?

Sydnee: I don't know what you wanted me to say! It was not clear! You said after this, but we had not set up the this! Let's go to the Billing Department.

Justin: Let's go. [chuckles]

[theme music plays]

[ad reads]

Justin: A brand is a trademark. A brand is owned by a company, right? They don't have to agree with the WHO. It is owned by the company. Now—

Sydnee: Right.

Justin: It probably won't surprise you to learn that the companies in question go to other companies and say, what do we call these pills? Brand Institute. Interbrand Health. InTouch. All these like, these cool operators. Years before it goes to launch, they're like, "Tell me—tell me about this drug. Let us get our hands on it. Let us smell it." Smelling it is probably not part of it.

Sydnee: No…

Justin: These agencies will come up with hundreds, thousands of names, just like see what's a—see what clicks. There's a lot of trademark conflicts, as you can imagine, that rule out. Like because if it's too close to something else, that rules out a lot. They also have to check like… when you're making up a brand for these pills, you're almost certainly not going to use a base word. You're going for a vi—like a real word. You're going for a vibe, a sound, right?

Sydnee: Right.

Justin: So, one of the big things they have to do is get other speakers in major markets to like go through.

Sydnee: Mm-hm.

Justin: To say like, is this—does this sound weird? Does this sound like you're cursing?

Sydnee: Ah, yes—

Justin: [chuckles] Does this sound like—

Sydnee: That makes sense—

Justin: Does this accidentally—

Sydnee: Yes—

Justin: Sound like—

Sydnee: In a—in a—if it's not in English, would it—yeah.

Justin: Is 'kismabut' not going to do well in America?

Sydnee: Sure.

Justin: Because 'kismabut—' [chuckles]

Sydnee: Sure. Yeah.

Justin: Sounds like kiss my butt.

Sydnee: I got it.

Justin: That's not a real pill, I actually just came up with that. No problem.

Sydnee: [chuckles] But maybe it will be now.

Justin: The Brand Institute calls this the disaster check… drug—and they say that drug names get more linguistic scrutiny than almost any other kind of brand, which makes sense to me. We probably do have to be really careful about these. [chuckles]

Sydnee: Yeah. Well, you're going to put them in your human body in hopes of… achieving some sort of wellness, so…

Justin: Mm-hm. Now, we do—this is an expensive process. Hundreds of thousands up to one to three million dollars to name these. And because it's not standard—

Sydnee: I'm sorry, this part of it always—ugh, really?

Justin: Hey, honey?

Sydnee: Really?

Justin: That money is not abstract, honey. It's going to brand *professionals* that work day in, day out to make great brands for us—

Sydnee: So we shouldn't market drugs, period, so…

Justin: Well…

Sydnee: [laughs]

Justin: Okay, but like what I'm saying is our brand professionals look to us for support. And we also—

Sydnee: This has gotta just be something that happens in the countries where we market drugs though, right? Because like—

Justin: No, because you have to have a brand name for the drugs, because you're selling them like you… they still have the brand names. So like Allegra is—

Sydnee: But they don't do ads for them?

Justin: But they're still on shelves.

Sydnee: Oh, you're talking about OTC, over the counter meds. Okay, okay.

Justin: Allegra is Telfast in the UK and Australia.

Sydnee: Gotcha.

Justin: And some of 'em have different like… Brilinta is Brilique across a lot of Europe.

Sydnee: [chuckles] Okay.

Justin: Brilique. [chuckles]

Sydnee: It reminds me of Derelicte. [chuckles]

Justin: Now, okay, this is—this is what I really like. What is the na—what does the name mean, though? Like what do these names mean? They can't mean anything. [laughs] This is—legally speaking, they can't mean anything, right?

Sydnee: But they can reference.

Justin: So this is what it is. They can't claim one, but they can claim something adjacent, right? Viagra. What's Viagra?

Sydnee: Like vigor.

Justin: And? Niagara.

Sydnee: It's supposed to make you think of Niagara?

Justin: Power and vitality. Some also note the Sanskrit—

Sydnee: I have never thought of Niagara—

Justin: Vyāghra, which is tiger. Although Pfizer has never confirmed it.

Sydnee: I have never thought of Niagara when I think of Viagra. I think of like, I think of virility, vigor, vitality. But I never think—

Justin: Viagra! Niagara.

Sydnee: Okay.

Justin: It's vigor and Niagara right there!

Sydnee: That's…

Justin: Lyrica? What's Lyrica for? What do we use lyr—I'm not going to ask you the meaning, but like what's Lyrica for?

Sydnee: It's neuropathic pain—

Justin: Okay.

Sydnee: Typically.

Justin: It's music. It's ease. Lyrica. You're feeling better, right?

Sydnee: You can move now.

Justin: Ah.

Sydnee: You can dance.

Justin: Paxil. What does Paxil do?

Sydnee: Paxil is for depression or anxiety.

Justin: Pax is Latin for?

Sydnee: Peace.

Justin: Zoloft.

Sydnee: Also, depression or anxiety.

Justin: Loft, lift. Zoloft, loft. Celebrex.

Sydnee: For arthritic joint pain.

Justin: And wouldn't that make you want to celebrate? Of course! Xanax?

Sydnee: For anxiety.

Justin: Sounds like anxiety.

Sydnee: Yeah, yeah.

Justin: [chuckles] I mean… Halcyon?

Sydnee: That's a sleep medication.

Justin: Halcyon. That's just a sound alike.

Sydnee: Or Lunesta. That was the first one I thought of. It's another sleep medicine.

Justin: Some of them are more aimed at the people who prescribe drugs, rather than the people who use them, like Lipitor, which is a combination of?

Sydnee: Lipids.

Justin: And? Inhibitor. [chuckles]

Sydnee: Oh?

Justin: So you know Lipitor is lipid and inhibitor. Lipitor! There, it's what it is for you. Prozac is?

Sydnee: Another antidepressant or anxiety.

Justin: Now Prozac is an interesting example because it is a… what they call a blank canvas. So that is the th—if you want to use these three types of names, you would call them… let's see, what are these terminologies here? Okay, so you would—these would roughly be three different buckets, right? Bucket one would be evocative.

Sydnee: Mm-hm.

Justin: That's like Viagra.

Sydnee: Mm-hm.

Justin: Mechanism adjacent, like—

Sydnee: Lipitor.

Justin: And then there's the—like kind of a blank canvas. Prozac is—

Sydnee: We just made it up.

Justin: Prozac is like, it is intentionally not—it is like intentionally… how would you—how would you say like a…

Sydnee: It's unrelated to—

Justin: No meaning attached to it.

Sydnee: Yeah.

Justin: Like almost like a meditation. Like it's like there's no feeling or emotions.

Sydnee: You're not literally pro someone named Zack.

Justin: That, yes, right. Like a lot of Saved by the Bell fans, you are not necessarily pro Zack.

Sydnee: Can I—[chuckles] can I ask a question about Lipitor?

Justin: As long as you aren't expecting me to know the answer to it, absolutely.

Sydnee: I want to know about… Lipitor is in a family of drugs with the ending statin.

Justin: Okay.

Sydnee: Okay? They all end with statin.

Justin: Mm-hm.

Sydnee: And in medicine, we talk about statins. That family have gotten tons of… there's a lot of conversation about statins, because there were guidelines that came out that kind of suggested maybe, you know, a billion or more people worldwide, maybe more, should be on statins. And there was

a lot of, should everybody be on a statin? And anyway, there's a lot of debate about statins. So, we talk about them as statins. Has that invaded common parlance? Do you, when I say statin, do you immediately know what I mean? Is that where—

Justin: I'm… I am not a good person to ask about this, because I do this podcast and am married to you. So I hear a lot of talk about statins. So I think—

Sydnee: I just wonder if it—

Justin: My sample size—

Sydnee: Has that—

Justin: Is off.

Sydnee: Has the—has the generic invaded the public? You know what I mean?

Justin: Mm-hm.

Sydnee: Because like, I know everybody knows Lipitor, but I—

Justin: The term 'statins,' you mean?

Sydnee: Yeah, like—

Justin: Ah.

Sydnee: I mean, I don't—

Justin: I mean, I know, but I'm—

Sydnee: I don't expect people know rosuvastatin and pravastatin and, you know, I don't think you necessarily know the whole word. But statin as a, you know—

Justin: Yeah. The… I'm not sure. I hear you say statin enough that I think I—

Sydnee: We talk about statins a lot in medicine.

Justin: And in our house.

Sydnee: Well…

Justin: Just kind of day to day…

Sydnee: [chuckles]

Justin: So there's a lot of prescriptions every year. And the big, I would say the number one thing that all of these names, like if there's an overall thing that you don't want, is it just can't be confusing. Because we've ha—there have been fatalities in the past that have been linked to medicines getting mixed up. And I'm not just talking about the one that young George Bailey prevented in It's a Wonderful Life. There's others throughout the—

Sydnee: Well, that was pretty clear. He put poison in some empty capsules instead of medicine in the capsules. That's a wild—can I say that's a wild mix-'em-up?

Justin: That is a wild mix-'em-up, I gotta say. But he had a rough time. Omeprazole was launched as Losec, and it kept getting confused with Lasix, the diuretic Lasix.

Sydnee: Mm-hm.

Justin: They looked alike in cursive and were both sold at 20 milligrams, and this led to at least one fatality.

Sydnee: Oh my gosh.

Justin: They renamed the US version Prilosec, and kept the rest of the world Losec.

Sydnee: That's scary.

Justin: Here's one that was caught beforehand. Celebrex was initially going to be called Celebra, and then a pharmacy professor actually told the FDA like, hey, that's gonna get confused with Celexa! [chuckles]

Sydnee: Yeah?

Justin: And that's not gonna—that's not gonna—they agreed and they changed it actually to Celebrex. It didn't—it was still confused with Celexa and Cerebrex, which is an anti-seizure drug.

Sydnee: Yeah.

Justin: And so they ran an education campaign for doctors and pharmacists. [chuckles] A lot of the issue was, hilariously or not, doctor handwriting—[chuckles] is bad enough that it was too close. Because people don't… didn't take time to, you know, because doctor handwriting is so bad. [chuckles]

Sydnee: Well, I mean, that's true. I will say that outside of just how bad, and it is true, the stereotype is true, how bad our handwriting is, I lived through the switch from written orders, handwritten orders, to inputting orders in the computer.

Justin: Mm-hm.

Sydnee: And a—

Justin: That's what your T-shirt says that you're wearing right now.

Sydnee: [chuckles] And we groused about it a lot—

Justin: And all I got was this lousy T-shirt. [chuckles]

Sydnee: Yeah. And I still—I still will grouse about the transition from handwritten notes to computer-generated notes, because there's so much trash in those notes now, they're usually useless. But putting orders in a

standardized fashion, like in a computer, is much safer than handwritten orders. I saw throughout my career, not that I personally did necessarily, but I was aware of many errors that happened due to not just handwriting, but like the decimal point was faint and you didn't see it, you know? You weren't sure what—does that say milligrams? Is that you—what are—what is… I saw that happen in the hospital through the years. I know those things occurred. And so that definitely is a big problem. I can see that being a huge problem.

Justin: The—when the FDA is—the FDA still has to approve these brand names, right?

Sydnee: Mm-hm.

Justin: They can refuse them because they're misleading, because they're, okay, you're implying this is doing something that it's not. They can, I'm assuming also this is like referring to a functioning FDA that is like reputable and worth listening to.

Sydnee: Right, which—of which there are many individuals working within the FDA who are still hardworking, reputable, science-based.

Justin: For sure.

Sydnee: Even if—even if our agencies as a whole are not led by the most reputable people.

Justin: Now, once they have verified that, we're not a—we're not a… you know, you're not misleading people, there is a software called POCA, P-O-C-A, that is run by the FDA. And what's cool is, or it's probably not cool unless you're me—[chuckles] but you can actually do this search on your own. You can search the Phonetic and Orthographic Computer Analysis Program that the FDA runs, and you can try your own drug names to see if it's too close to another drug. So if I—you remember earlier you were saying that you wanted to call your drug Sydnee, right?

Sydnee: Mm-hm.

Justin: So here's a threshold here, and you can search. You put in 'Sydnee.'

Sydnee: Yeah.

Justin: And we search, and we see that… we're checking to see… Okay, it's not bad. The closest is Slend. [chuckles]

Sydnee: What is Slend?

Justin: I don't know. It doesn't list more what they are, here's the drug source. But if you wanted to call it for like—

Sydnee: I have never heard of any of those drugs that are listed there. Where are these—what's Zidone?

Justin: I don't know.

Sydnee: Psydec? Kimby?

Justin: Hey, listen, you gotta trust—take it up with the FDA lady, I don't know. [chuckles]

Sydnee: I don't know what these drugs are! You know, too, what's tough is that—

Justin: It may not just be drugs, it could be anything that phonetically could be confusing. Slend is an estrogen-free, progestin-only birth control pill that contains dru—this is—these are real, I mean, they're real. [chuckles] Look, that's a real one.

Sydnee: Wow. Well, you know what though? I will say from the inside in the medical field, once a medicine has been around long enough that it's generic, often I won't know. Like we won't necessarily—I wasn't even taught some of the brand names. There are medicines that I've only ever known… like we talked about metoprolol.

Justin: Mm-hm.

Sydnee: I am certain metoprolol had a brand name. I've only ever known it as metoprolol.

Justin: Mm-hm.

Sydnee: I don't… because by the time I started practicing medicine, it had been generic for so long, we wouldn't have known that, right?

Justin: Right.

Sydnee: So there are a lot of old brand names that I'm not familiar with. And then there's also, if you get into like the world of birth control, my concern are the components and doses within the birth control.

Justin: Mm-hm.

Sydnee: I am less concerned with what the name of it is. So I am looking to make sure you get the right components, the right doses, and your insurance is gonna cover it. I don't really care what the brand is. So, I don't know, there's some medicines like that—

Justin: Where you just wouldn't be aware of—

Sydnee: That I'm so focused on the components and the science of it that I—the brand names elude me. And there's so many too.

Justin: I don't think anybody was judging you, sweetheart, I think—

Sydnee: Well, it's just interesting that I wouldn't know the name of a birth control pill, when I definitely prescribed birth control.

Justin: Yeah, you haven't refused to prescribe birth control for months. I mean, it used to be a big problem for you. I know that you used to be like, "No way!"

[both chuckle]

Sydnee: You also have to understand, it depends on where you practice. I have practiced my entire career in West Virginia, and the majority of my patients have Medicaid, or when I was doing more family medicine, Medicare. I am looking for medicines that are covered by that insurance. I'm usually using low-cost generic medications.

Justin: This defensiveness I don't understand?

Sydnee: No, I—but I think it really makes a difference—

Justin: I have so much more episode—

Sydnee: Because there are probably people who practice in more affluent areas who know all of these new name brand drugs because their patients can afford them and are asking for them.

Justin: So please don't judge Sydnee, all you fancy doctors. My little country mouse doctor only helps those without homes, and so she doesn't know the names of all your fancy drugs. Can I—can I finish my episode, please?

Sydnee: Yes, you can please finish your episode.

Justin: Thank you.

Sydnee: Sorry.

Justin: No one was judging you.

Sydnee: Sorry!

Justin: We all think you're smart, trust me, I promise. Now, Sydnee, the other thing this group has to do is they are beyond just checking to see if it's like a conflict, they also write it down with bad handwriting and see how it looks. [chuckles] Just to see if it's gonna be confusing to people. It also can't have a… any generic, like any of those chemical stems that we talked about earlier.

Sydnee: Mm-hm.

Justin: You can't have any of those sounds in a place where it would be confusing, right? So just because—

Sydnee: It makes sense.

Justin: Like… you've probably internalized throughout the years, people probably internalized certain sounds that they associate with those things, but you have—

Sydnee: Mm-hm.

Justin: Like, you willingly have to take those out because you can't have any sort of like confusion as to what is the actual function of the thing. Now, I think you've probably noticed, I wanna talk about Skyrizi, because it's ridiculous. And I think that you're—

Sydnee: Yeah.

Justin: You're seeing… so, why? I think because a lot of the names are—look pretty stupid, I think. And that is not in your head. There was a 2022 study on this and it said that letters that are rare in English, use of those in drugs are climbing over time. According to one analysis I saw X turn—[chuckles] X, the letter X, turns up 16 to 30 times as often—[chuckles] as in normal English. And Z is like 13 to 18 times more common in medical names. That's not your imagination. There's a lot of Xs and Zs in these guys, that is not—

Sydnee: That's really interesting.

Justin: That is not in your head. A part of it is distinctive. It's hard to find a new one. You can change the spelling of something if you add like Q at the end, you know?

Sydnee: Yeah.

Justin: To, you know—

Sydnee: Yeah.

Justin: To mix it up that way. There is also a lot of— Okay, so I'm gonna read this part specifically, or else I'm gonna confuse myself. Research on sound symbolism finds that particular sounds carry built-in associations. A 2020 study of drug bornw—brand names found that voiced consonants, the ones that made—are made with vocal cords like B, D, G, V, and Z, buh, duh, guh, vuh, zuh, make medicine feel more potent and faster acting, and raised expectations of how well and how long it would work. Z is a voiced consonant, so its heavy use isn't only about looking distinctive, it sounds strong. And that is how a brand name is formed! It is just how it makes you feel, how—what you associate with it. What you—what you think. And as long as it's not confusing, it's fine.

Sydnee: Do you think, though, that's a double-edged sword? Because if you take a pill and the sound makes you think it's goi—like it sets the bar high for it, and then you don't immediately feel way better.

Justin: Yeah, I mean, the—but that's, I mean, that's bra—I mean, if we start getting angry about brands not delivering on what they promised, then sheesh! Where does that end? [chuckles] You know?

Sydnee: Yeah.

Justin: Our brands are looking out for us, hun, and they're doing their best, okay?

Sydnee: You know what—

Justin: They can't always deliver.

Sydnee: Can I say, though, I do think it's interesting how some stick around and some fade. I like, I prescribe a lot of antibiotics in my pra—my practice, because of what I do. Doxycycline is a generic name, and that's all we call it by. It's all I—I know that there are some brand names for it. I've never called it by brand names. But Bactrim—

Justin: Sorry, fans—

Sydnee: Which is another—

Justin: Sorry, fancy docs. Syd only knows it by the generic.

Sydnee: Well, no, I'm just saying it is doxy, for short, doxycycline, and it is, it's, I don't know, it's… and I say it to patients and they know exactly what it is. When I prescribe Bactrim, which is another common antibiotic, which has been around a long time and is generic, it's a sulfamethoxazole trimethoprim, is the generic, I never say, I'd like to prescribe you some sulfamethoxazole trimethoprim. I say, I'm gonna prescribe you Bactrim. And I will always say Bactrim. And my patients know what Bactrim is. It's weird how some of the brand names really, they just got it right.

Justin: Was that all the flex about how long of a name you knew? Sydnee—

Sydnee: No? I'm just—

Justin: Nobody… nobody's judging you. [chuckles] Please, you have to stop with the defensiveness.

Sydnee: I'm not! It's just interesting—

Justin: Sydnee knows many long medical names! She just didn't know about Slend!

Sydnee: [chuckles]

Justin: Okay?! Big city docs! Get off her nuts!

Sydnee: I get frustrated with birth control pill naming conventions, like the brand names, because I feel like they're always trying to come up with some like cool, new like, "Hey, ladies, you want a new cool birth control?" And it's like—

Justin: And that's—

Sydnee: No, they just want something that works and won't make them feel bad, and that we can all afford, and is widely accessible.

Justin: And that's why she didn't know the name, it was a protest! There's a lot of brand names out there, Syd. There's a lot of brand names, and I hope they never stop. That's my hope.

Sydnee: I—

Justin: I hope we always—there's a—the brands keep on flowing.

Sydnee: Can we—can we at least agree, though, it should not be marketed directly to—prescription medications should not be marketed directly to patients, because how in the world can you make the decision whether or not you should go to your doctor and ask for a new—I mean, and they do this, a new cancer medication that is being advertised directly to consumers. I don't…

Justin: Okay—

Sydnee: How could you make that?

Justin: Hold on, hold on. This is audio only, can you tell 'em…

Sydnee: You took the mask off.

Justin: Okay.

Sydnee: Justin has removed the mask.

Justin: I don't think we should be marketing drugs to people. [chuckles] Okay, I'll put it back on. That's it. I just said that. I agree.

Sydnee: Because all that money that goes into the marketing, maybe instead—

Justin: Is healthy and positive! I put the mask back on.

Sydnee: To cut the cost—

Justin: The mask is back on!

Sydnee: Of medications and make them more widely—

Justin: And is going to our brand professionals—

Sydnee: Accessible—

Justin: Who deserve our support and love when they need us the most! [chuckles] Thank you so much for listening to Sawbones. It is a medical… podcast. I mean, still—

Sydnee: [laughs]

Justin: Even if I'm hosting it, it's still a medical podcast.

Sydnee: I'm taking back the reins next week.

Justin: I think I've done an admirable job.

Sydnee: I appreciate—I appreciate you—

Justin: You're feeling—you're clearly—

Sydnee: You did a wonderful job—

Justin: Feeling threatened. [chuckles]

Sydnee: No, you did—

Justin: By my intellectual prowess—

Sydnee: You did a great job—

Justin: And felt the need to defend yourself.

Sydnee: And I'm—and I'm appreciative to you for doing research, because you did that since we were in the last week of Matilda, and I was very exhausted and overworked and stressed. And you did that for me, so thank you.

Justin: Hey, thank you so much for listening to our podcast. Thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program. And thanks to you for listening. Oh! And thanks to Matthew Taylor for our new album art.

Sydnee: Yes, thank you.

Justin: I should have said that many weeks ago, but you know, I didn't, so here I am. There's new album art, I think it's cool. Okay, that's going to do it for us. Until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

["Medicines" by The Taxpayers plays]